Revised 06/05

Pin 2: 45 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

2007 SET 13 PH 2: 45

Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

	For office use only	
indexed .		_
Audited _		
Checked		
Compute	r	_

filed within 20 days of receipt of the gift, bequest, or grant.	Computer		
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR	GRANT:		
Department of Inspections and Appeals, Division of Admir	nsitrative Hearings		
Name of Department or Office Lucas State Office Building Des Moines, Iowa 50319			
Mailing Address City, State, Zip Code			
515-281-6065 (Mark Wampler, participant)			
Area Code & Telephone No.			
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:			
Mark Wampler			
Name			
	·		
Mailing Address (if different from above)	City, State, Zip (if different from above)		
wampler@dia.iowa.gov			
Email Address	Area Code & Telephone Number (if different from above)		
DONOR OF GIFT, BEQUEST, OR GRANT:	_		
National Judical College [Funded by Federal Motor Carrier Safety Admin/US DOT]			
Name			
Judical College Building/MS 358 Reno, NV 89557			
Mailing Address City, State, Zip Code	October 7-13, 2007 \$ 2,000.00		
800-25JUDGE	Date of Gift, Bequest, or Grant Amount/Value*		
Area Code & Telephone Number			
www.judges.org	*value is defined as "fair market value" of item as determined by		
Email Addres s (optional)	receiving department or office. If no value mark "0.00".		
Provide a description of the gift, bequest, or grant and purpose thereof:	P		
Enrollment in Commercial Driver's Licensing Laws: a faculty development workshop. Grant covers all costs, tuition,			
airfare, lodging, meals and ground transportation. Enrollee will be equipped to train others about CDL issues upon return.			
S. C.	to oquipped to that offices about CDD issues upon forthin.		
Criteria to use this form:			
Descript of any sife because or great that is received by any development of the			
Receipt of any gift, bequest, or grant that is received by any department of the	e state of received by the Governor on behalf of the state.		
Statement of Affirmation:			
Mark Wampler			
anim mai me qin. Deduesi, di dian teddhed an	ove is accurate. I further affirm that the information concerning the		
onor and assessment of the fair market value (if applicable) is correct and true	to the best of my knowledge.		
74 A			
M I I I I			
// ach (rample)	September 7, 2007		
Signature	Date		